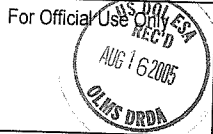


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8459	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name MICHAEL A CARNEY P.O. Box, Bldg., Room No., if any Street 5 STERLING COVE City GREENPORT State New York ZIP Code + 4 11944	4. Name, file number, and address of labor organization. Name I.U.O.E. LOCAL 94 Labor Organization File Number 004-156 P.O. Box, Building and Room Number, if any Street 333-337 WEST 44TH ST City NEW YORK State New York ZIP Code + 4 10036
5. Position in labor organization. BUSINESS MANAGER - RETIRED	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 

On **8-10-05**
Date

631-477-4045
Telephone Number

Name of Person Filing MICHAEL CARNEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CENTRAL PENSION FUND OF I.U.O.E.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4115 CHESAPEAKE STREET, NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20016-4665

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

TRAVEL AND RELATED EXPENSES ASSOCIATED WITH
ATTENDANCE AT TRUSTEE MEETINGS.

12.b. Amount.

\$1,876

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing MICHAEL CARNEY

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CARRET CAPITAL LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 OLD COUNTRY ROAD, STE 541

City GARDEN CITY

State New York

ZIP Code + 4 10036

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUOE LOCAL 94 ANNUITY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 331-337 WEST 44TH STREET

City NEW YORK

State New York

ZIP Code + 4 10036

11.a. Nature of such dealing.

CARRET CAPITAL LLC IS AN INVESTMENT MANAGER TO THE
IUOE LOCAL 94 ANNUITY FUND.

11.b. Approximate dollar value of such dealing.

\$45,170

12.a. Nature of interest held or income received.

GOLF OUTING AND DINNER.

12.b. Amount.

\$263

Name of Person Filing MICHAEL CARNEY

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SCHULTHEIS & PANETTIERI, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 210 MARCUS BLVD

City HAUPPAUGE

State New York

ZIP Code + 4 11788

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUOE LOCAL 94 UNION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 331-337 WEST 44TH STREET

City NEW YORK

State New York

ZIP Code + 4 11788

11.a. Nature of such dealing.

SCHULTHEIS & PANETTIERI, LLP IS THE ACCOUNTANT FOR
IUOE LOCAL 94.

11.b. Approximate dollar value of such dealing.

\$28,656

12.a. Nature of interest held or income received.

PRO RATA SHARE OF DINNER MEETING.

12.b. Amount.

\$138